

This is an application packet for Fitters and Dispensers of Hearing Instruments. An incomplete application will not be processed until all required fees and documents are received.

Please allow 4 to 5 weeks for processing from the day you mail in your application (even if you mail it overnight)! After an application is received it is entered into the computer system and screened for completeness in the order in which it is received.

After an application is screened it will be approved, disapproved or a deficiency may be noted. Applications which are complete will be approved and a temporary training permit or license will be sent to the applicant. Applications that are disapproved or are incomplete will be sent notices listing the deficiencies or reasons for disapproval.

All applicants **MUST** complete the entire Application. **DO NOT** leave any questions or sections blank. Put N/A if a particular item is "not applicable". The forms must be **postmarked** within 30 days after signing.

All applicants **MUST** include a photograph (taken within the last two years and a minimum 1 ½"X 1 ½". Print your name on the back.

**CHECK METHOD BELOW ON WHICH LICENSE YOU ARE APPLYING FOR.**

TEMPORARY TRAINING PERMIT applicants **MUST** include the \$200.00 non-refundable application fee.

LICENSE FEE applicants **MUST** include the \$200.00 non-refundable application fee.

In accordance with Texas Occupations Code, Chapter 402, (the Fitters and Dispensing of Hearing Instruments Act), you cannot practice Fitters and Dispensing of Hearing Instruments until this application is processed and a temporary training permit or license is issued. Practice prior to approval could detrimentally affect the approval of your application and is grounds for disapproval of the application. If you have any questions after reading the Act and the Rules, please contact the FD program at (512) 834-6784

To Expedite application processing submit the application, fee and supporting documentation to the address below.

**STATE COMMITTEE OF EXAMINERS IN THE  
FITTING AND DISPENSING OF HEARING INSTRUMENTS  
1100 WEST 49TH STREET AUSTIN, TEXAS 78756-3183**

**TYPE OR PRINT LEGIBLY**

1. **APPLICANT'S NAME:** \_\_\_\_\_
2. **LAST NAME ON TRANSCRIPT IF DIFFERENT FROM #1:** \_\_\_\_\_
3. **DATE OF BIRTH:** \_\_\_\_\_ 4. **SOCIAL SECURITY #** \_\_\_\_\_
5. **RESIDENT OF TEXAS? G YES G NO**
6. **PREFERRED MAILING ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. **HOME ADDRESS (INCLUDE ZIP CODE):** \_\_\_\_\_  
\_\_\_\_\_
8. **HOME TELEPHONE NUMBER:** \_\_\_\_\_ **BUSINESS:** \_\_\_\_\_

**9. CURRENT EMPLOYMENT INFORMATION:**

**PRIMARY EMPLOYMENT SETTING:**

**NAME OF BUSINESS:** \_\_\_\_\_

**ADDRESS (INCLUDE ZIP CODE):** \_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_

**SECONDARY EMPLOYMENT SETTING:**

**NAME OF BUSINESS:** \_\_\_\_\_

**ADDRESS (INCLUDE ZIP CODE):** \_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_

**10. ACADEMIC TRAINING - ALL APPLICANT'S MUST LIST LAST HIGH SCHOOL ATTENDED, AND ALL COLLEGES, UNIVERSITIES, AND INSTITUTIONS ATTENDED. ATTACH ADDITIONAL PAGES IF NECESSARY. COLLEGE DEGREES WILL BE ACCEPTED IN LIEU OF HIGH SCHOOL OR GED. OFFICIAL TRANSCRIPTS FROM HIGH SCHOOL OR GED ARE REQUIRED FOR LICENSURE. IF COPIES ARE PROVIDED IN LIEU OF OFFICIAL TRANSCRIPTS, THE COPIES MUST BE NOTARIZED BY A NOTARY PUBLIC AS TRUE AND EXACT COPIES OF AN UNALTERED ORIGINAL. THIS STATEMENT MUST BE INCLUDED ON THE COPY.**

A. NAME OF HIGH SCHOOL: \_\_\_\_\_  
LOCATION (CITY & STATE): \_\_\_\_\_  
\_\_\_\_\_ DIPLOMA \_\_\_\_\_ CERTIFICATE OF HIGH SCHOOL EQUIVALENCY  
DATE GRANTED (MO/YR): \_\_\_\_\_

B. NAME OF COLLEGE/UNIVERSITY/INSTITUTION: \_\_\_\_\_  
LOCATION (CITY & STATE): \_\_\_\_\_  
INCLUSIVE DATES ATTENDED: From (MO/YR): \_\_\_\_\_ TO (MO/YR): \_\_\_\_\_  
TYPE OF DEGREE GRANTED (Circle One). Your transcript or certificate MUST state one of the following:  
a) Associates MAJOR FIELD: \_\_\_\_\_  
b) Baccalaureate  
c) Post-Baccalaureate CERTIFICATE OF COMPLETION GRANTED YES NO  
DATE GRANTED (MO/YR): \_\_\_\_\_

C. NAME OF COLLEGE/UNIVERSITY/INSTITUTION: \_\_\_\_\_  
LOCATION (CITY & STATE): \_\_\_\_\_  
INCLUSIVE DATES ATTENDED: From (MO/YR): \_\_\_\_\_ TO (MO/YR): \_\_\_\_\_  
TYPE OF DEGREE GRANTED (Circle One). Your transcript or certificate MUST state one of the following:  
a) Associates MAJOR FIELD: \_\_\_\_\_  
b) Baccalaureate  
c) Post-Baccalaureate CERTIFICATE OF COMPLETION GRANTED YES NO  
DATE GRANTED (MO/YR): \_\_\_\_\_

**12. PRACTICUM EXPERIENCE**

TEMPORARY TRAINING PERMIT HOLDERS MUST BE DONE UNDER THE DIRECT SUPERVISION OF AN INDIVIDUAL WHO HOLDS A VALID LICENSE, FROM THE COMMITTEE, TO FIT AND DISPENSE HEARING INSTRUMENTS IN THE STATE OF TEXAS. DIRECT SUPERVISION MEANS THE PHYSICAL PRESENCE OF A SUPERVISOR ANYTIME A TEMPORARY PERMIT HOLDER IS ENGAGED IN THE ACT OF FITTING AND DISPENSING HEARING INSTRUMENTS.

NAME OF SUPERVISOR: \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_  
COMPANY NAME: \_\_\_\_\_  
ADDRESS, CITY, STATE, ZIP CODE: \_\_\_\_\_  
TELEPHONE NUMBER (INCLUDE AREA CODE): \_\_\_\_\_

13. HAVE YOU EVER TAKEN THE EXAMINATION TO FIT AND DISPENSE HEARING INSTRUMENTS IN THE STATE OF TEXAS? YES  
NO IF YES, PLEASE GIVE PERMIT # AND DATE: \_\_\_\_\_
14. HAVE YOU EVER BEEN ISSUED A TEMPORARY TRAINING PERMIT IN THE STATE OF TEXAS?  
YES NO IF YES, PLEASE GIVE PERMIT # AND DATE ISSUED: \_\_\_\_\_
15. DO YOU POSSESS ANY PROFESSIONAL LICENSE(S) OR CERTIFICATE(S) ISSUED BY ANY STATE?  
YES NO IF YES, PLEASE GIVE LICENSE OR CERTIFICATE NUMBER(S), TITLE(S), AND STATES ISSUING  
LICENSE/CERTIFICATE. \_\_\_\_\_
16. HAVE YOU EVER BEEN DENIED A PROFESSIONAL LICENSE AND/OR CERTIFICATE, OR HAVE YOU EVER HAD ANY LICENSE  
AND/OR CERTIFICATE REVOKED, CANCELED, OR SUSPENDED? YES NO  
IF YES, PLEASE BRIEFLY STATE REASONS: \_\_\_\_\_
17. HAVE DISCIPLINARY PROCEEDINGS BEEN INITIATED AGAINST YOU IN TEXAS OR ANY OTHER JURISDICTION? YES NO  
IF YES, DATE OF PROCEEDINGS: \_\_\_\_\_  
WHERE PROCEEDINGS HELD: \_\_\_\_\_
18. HAVE YOU EVER PLED NOLO CONTENDERE, RECEIVED DEFERRED ADJUDICATION OR BEEN CONVICTED OF A CRIME OTHER  
THAN A MINOR TRAFFIC OFFENSE? YES NO  
IF ANSWER IS YES, A COPY OF THE CHARGES AND DISPOSITION PAPERS MUST BE ATTACHED. DRIVING WHILE INTOXICATED  
(DWI) IS NOT A MINOR TRAFFIC.

19. **REFERENCES**

**LIST BELOW THREE (3) PERSONS WHO WILL SERVE AS REFERENCES SUPPORTING YOUR LICENSURE AS A FITTER AND DISPENSER OF HEARING INSTRUMENTS. PERSONS LISTED MUST NOT BE NAMED ELSEWHERE IN THIS APPLICATION, AND CURRENT COMMITTEE MEMBERS MUST NOT BE USED AS REFERENCES.**

1. NAME & TITLE: \_\_\_\_\_  
BUSINESS NAME: \_\_\_\_\_  
BUSINESS ADDRESS: \_\_\_\_\_  
BUSINESS TELEPHONE NUMBER: \_\_\_\_\_
2. NAME & TITLE: \_\_\_\_\_  
BUSINESS NAME: \_\_\_\_\_  
BUSINESS ADDRESS: \_\_\_\_\_  
BUSINESS TELEPHONE NUMBER: \_\_\_\_\_
3. NAME & TITLE: \_\_\_\_\_  
BUSINESS NAME: \_\_\_\_\_  
BUSINESS ADDRESS: \_\_\_\_\_  
BUSINESS TELEPHONE NUMBER: \_\_\_\_\_

**APPLICANT'S CURRENT COLOR PHOTOGRAPH**

\_\_\_\_. Attach your passport size photograph here (minimum size 1 ½ x 1 ½). The photograph should be of the applicant's head and shoulders **ONLY**. Photograph must have been taken within two years previous to date of application. **PRINT YOUR NAME ON THE BACK OF YOUR PICTURE.** Cutouts, newspaper clippings, sub-size pictures, photocopies, etc., **WILL NOT BE ACCEPTED.** This photograph will be used in connection with your application for the purpose of complaint(s)/violation(s) investigations. All applicants are open to the public under the Texas Public Information Act.

## APPLICANT'S AFFIDAVIT

In making this application to the State Committee of Examiners in the Fitting and Dispensing of Hearing Instruments for the issuance of a license. I have read and agree to abide by the Fitters and Dispensers of Hearing Instruments Act (Texas Occupations Code, Chapter 402), and the rules and regulations of the State Committee of Examiners in the Fitting and Dispensing of Hearing Instruments. Upon issuance of a license, I agree to be bound by the Code of Ethics of the State Committee of Examiners in the Fitting and Dispensing of Hearing Instruments. I further understand that the fee submitted with this application is non-refundable and that materials submitted for consideration become the property of the Department and are non-returnable. I hereby grant permission to the Department to seek any information or references it deems fit in securing my credentials pertinent to this application.

I further agree that if issued a license, upon the revocation, suspension, or cancellation of that license, I shall return the license card and certificate to the committee. I further agree that if issued a license, I will keep the Department advised of my current mailing address.

The information which I have provided in this application is truthful. I understand that providing false information of any kind may result in the voiding of this application and my failing to be granted a license.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

BEFORE ME, the undersigned authority, on this day personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing instrument, and having been by me first duly sworn on oath, acknowledge that he or she has executed the same for the purposes and consideration therein expressed and that the foregoing statements are true and correct.

GIVEN under my hand and seal of office, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Notary Public in and for State of \_\_\_\_\_ County of \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Printed Name of Notary

\_\_\_\_\_  
Date Commission Expires

**SUPERVISOR'S AFFIDAVIT**

The application for a temporary training permit shall be accompanied by the affidavit of a person duly licensed and qualified to fit and dispense hearing instruments in the State of Texas. The accompanying affidavit shall state that the applicant, if granted a temporary training permit, will be directly supervised by the affiant in all work done by the applicant's terminating of supervision by affiant.

I shall be the responsibility of each holder of a license, temporary permit, or certificate of endorsement under this Act to be familiar with and to avoid commission of any acts regarded as unethical practices by the Act. Full responsibility for the ethical conduct of a temporary permit holder shall rest with the license holder who has agreed to be the permit holder's supervisor; provided, however, that such supervisor may relieve him/herself of such responsibility by discharging the holder of the temporary training permit, together with a letter explaining fully the circumstances under which the temporary training permit holder was separated from supervision.

I do hereby affirm that I am the holder of a valid, unrevoked, unsuspended license under Texas Occupations Code, Chapter 402, and that I have read the above excerpts and that I fully understand my responsibilities as supervisor of the applicant, \_\_\_\_\_, who will work and train under my direct supervision and for whose technical training and ethical conduct I am to be responsible.

I further affirm that I have read the application of the above named person and that to the best of my knowledge all information is true and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Texas License Number

BEFORE ME, the undersigned authority, on this day personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the forgoing instrument, and having been by me first duly sworn on oath, acknowledge that he or she has executed for the purpose and consideration there in expressed and that the foregoing statements are true and correct.

GIVEN under my hand and seal of office, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Notary Public in and for State of \_\_\_\_\_ County of \_\_\_\_\_.

Seal

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed Name of Notary Public

\_\_\_\_\_  
Date Commission Expires